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PATENT, TRADEMARK  
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FACSIMILE: (703) 684-1157

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Date: May 30, 2008

**FACSIMILE COVER LETTER**

Facsimile Number: (571) 273-6762

To: Commissioner of Patents

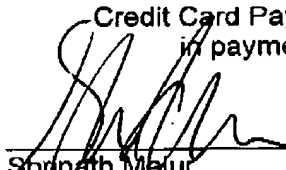
From : Mr. Shrinath Malur  
MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

Re: USSN 10/799,653  
Attorney Docket No.: ASA-760-03

**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

Transmittal Letter;  
AMENDMENT;  
REQUEST FOR CONTINUED EXAMINATION (RCE); and  
Credit Card Payment Form in the amount of \$810.00  
in payment of RCE fee.

  
Shrinath Malur  
Reg. No. 34,663

May 30, 2008  
Date

Total Number of Pages (including cover sheet): 12

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Thank you.

Form PTO-1083

Patent

In RE application of T. KIMURA et al

Case Docket No. ASA-760-03

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Serial No.: 10/799,653

Group Art Unit: 3625

**MAY 30 2008**

For: CONTENTS SALES METHOD AND CYBER MALL  
SYSTEM USING SUCH METHOD AND STORAGE  
MEDIUM STORING THEREIN ITS CONTENTS SALES PROGRAM

Examiner: N.D. Rosen

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) Claims Remaining After Amendment		(Col. 2) Highest No. Previously Paid For	(Col. 3) Present Extra
Total	2	Minus	** 26	=
Indep.	2	Minus	*** 9	=

☐ First presentation of Multiple Dependent Claims

SMALL ENTITY	
Rate	Additional Fee
X 25	\$
X 100	\$
X 180	\$
Total	\$

OR

OTHER THAN A SMALL ENTITY	
Rate	Additional Fee
X 50	\$
X 200	\$
X 360	\$
Total	\$

OR

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in col. 3.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.  
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$\_\_\_\_\_.
- ☐ A Credit Card Payment Form in the amount of \$810.00 is attached for RCE
- ☐ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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By:

  
Sparnath Malur, Reg. No. 34,663  
Attorney for Applicant(s)

Date: May 30, 2008